

Substitute for form 1449/PTO

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT

Sheet 1 of 1

Application Number 10/722,357
Filing Date November 24, 2003
First Named Inventor Michela Gallagher
Art Unit 1614
Examiner Name C.E. Rae
Attorney Docket Number JHUC-008-101

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
	BD	DE-2462376	11-25-1976	Glaxo Lab Ltd		
	BE	WO-9200981	01-23-1992	Dae Woong Pharma		

Examiner Signature	Date Considered
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NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature	/Charlesworth Rae/	Date Considered	10/27/2008
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